

STATINTL

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or GSA use only)

INTERAGENCY REPORTS
CONTROL NUMBER

0258-GSA-AN

FACILITY NAME AND ADDRESS (Include ZIP Code)

2. EMPLOYEE TRANSPORTATION COORDINATOR

A. NAME

B. TITLE

C. AGENCY

D. TELEPHONE NO.	
------------------	--

3. EMPLOYEE TRANSPORTATION PROFILE

4. FACILITY CHARACTERISTICS			
CILITY LOCATION <input type="checkbox"/> URBAN AREA <input type="checkbox"/> SUBURBAN AREA <input type="checkbox"/> RURAL AREA		B. IS FACILITY SERVED BY MASS TRANSIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE RIDE MATCHING SERVICES AVAILABLE TO EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" complete →)		D. NO. OF VANPOOL PARKING SPACES ASSIGNED	
F. WHERE ARE RIDE MATCHING SERVICES BASED? <input type="checkbox"/> AT FACILITY <input type="checkbox"/> COMMUNITY		G. IS PROGRAM INTER-RELATED WITH PROGRAMS AT NEARBY FACILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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C. DOES FACILITY PROVIDE PREFERENTIAL PARKING FOR CAR POOLS AND VANPOOLS?	
---	--

☐ YES ☐ NO (If "YES," complete Item D) _____

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F. WHERE ARE RIDE MATCHING SERVICES BASED?	
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G. IS PROGRAM INTER-RELATED WITH PROGRAMS AT NEARBY FACILITIES?	
---	--

☐ YES ☐ NO (If "YES," complete Item F) _____

☐ AT FACILITY ☐ COMMUNITY

☐ YES ☐ NO

DESCRIBE PROMOTIONAL EFFORTS AT THE FACILITY (Use reverse if necessary)

AD OF FACILITY (Name)

TITLE

SIGNATURE

DATE _____

GENERAL SERVICES ADMINISTRATION

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